



FILED

10/10/2007

MAY 15 2008

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MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

Wanda Torrence  
Plaintiff

UNITED STATES DISTRICT COURT FOR THE  
NORTHERN DISTRICT OF ILLINOIS

IN FORMA PAUPERIS APPLICATION  
AND  
FINANCIAL AFFIDAVIT

v.

Advanced Home Care,  
Defendant(s) ARAM APPAVU,  
Sue Appavu

08CV 2821  
c JUDGE DOW  
n MAGISTRATE JUDGE COLE

Wherever  is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT:

I, Wanda Torrence, declare that I am the  plaintiff  petitioner  movant (other \_\_\_\_\_) in the above-entitled case. This affidavit constitutes my application  to proceed without full prepayment of fees, or  in support of my motion for appointment of counsel, or  both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No," go to Question 2)  
I.D. # \_\_\_\_\_ Name of prison or jail: \_\_\_\_\_  
Do you receive any payment from the institution?  Yes  No Monthly amount: \_\_\_\_\_

2. Are you currently employed?  Yes  No  
Monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

a. If the answer is "No":  
Date of last employment: 1998 (?)  
Monthly salary or wages: \_\_\_\_\_  
Name and address of last employer: \_\_\_\_\_

b. Are you married?  Yes  No  
Spouse's monthly salary or wages: \_\_\_\_\_  
Name and address of employer: \_\_\_\_\_

3. Apart from your income stated above in response to Question 2, in the past twelve months have you or anyone else living at the same residence received more than \$200 from any of the following sources? *Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.*

a. Salary or wages  Yes  No  
Amount \_\_\_\_\_ Received by \_\_\_\_\_

b. <input type="checkbox"/> Business, <input type="checkbox"/> profession or <input type="checkbox"/> other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____ Received by _____		
c. <input type="checkbox"/> Rent payments, <input type="checkbox"/> interest or <input type="checkbox"/> dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____ Received by _____		
d. <input type="checkbox"/> Pensions, <input type="checkbox"/> social security, <input type="checkbox"/> annuities, <input type="checkbox"/> life insurance, <input checked="" type="checkbox"/> disability, <input type="checkbox"/> workers' compensation, <input type="checkbox"/> unemployment, <input type="checkbox"/> welfare, <input type="checkbox"/> alimony or maintenance or <input type="checkbox"/> child support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Amount <u>\$1,100</u> Received by <u>Social Security Disability</u>		
e. <input type="checkbox"/> Gifts or <input type="checkbox"/> inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____ Received by _____		
f. <input type="checkbox"/> Any other sources (state source: _____)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Amount _____ Received by _____		

4. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts?  Yes  No Total amount: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

5. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments?  Yes  No  
Property: \_\_\_\_\_ Current Value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

6. Do you or anyone else living at the same residence own any real estate (houses, apartments, condominiums, cooperatives, two-flats, three-flats, etc.)?  Yes  No  
Address of property: \_\_\_\_\_  
Type of property: \_\_\_\_\_ Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
Amount of monthly mortgage or loan payments: \_\_\_\_\_  
Name of person making payments: \_\_\_\_\_

7. Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000?  Yes  No  
Property: \_\_\_\_\_  
Current value: \_\_\_\_\_  
In whose name held: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute monthly to their support. If none, check here  No dependents  
\_\_\_\_\_  
\_\_\_\_\_

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: 4-15-08

Wanda Torrence  
Signature of Applicant  
Wanda Torrence  
(Print Name)

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**NOTICE TO PRISONERS:** A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

**CERTIFICATE**  
(Incarcerated applicants only)  
(To be completed by the institution of incarceration)

I certify that the applicant named herein, \_\_\_\_\_, I.D.# \_\_\_\_\_, has the sum of \$ \_\_\_\_\_ on account to his/her credit at (name of institution) \_\_\_\_\_.

I further certify that the applicant has the following securities to his/her credit: \_\_\_\_\_. I further certify that during the past six months the applicant's average monthly deposit was \$ \_\_\_\_\_.  
(Add all deposits from all sources and then divide by number of months).

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DATE

SIGNATURE OF AUTHORIZED OFFICER

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(Print name)